

STATE OF THE ENVIRONMENT

Environmental Science Office Checklist

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For Health Promotion and Prevention
in Environmental Health
Policy Group, Inc., Maryland



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PREFACE

The Environmental Science Officer (ESO) or the Sanitary Engineer assigned as the ESO, is responsible for providing direction and leadership to the Preventive Medicine (PVNTMED) Section/Detachment (Sec/Det) assigned to the Division @iv), Brigade (Bde), Group, or Area Support Medical Battalion (ASMB). The PVNTMED Sec/Det provides--

- * Training (i.e., field sanitation, climatic injury prevention, medical threat briefings, etc.),
- Inspections (i.e., food facilities, water treatment and transportation, field sanitation, etc.),
- Management of various PVNTMED programs within the organization.

PURPOSE

This technical guide (TG) helps the ESO focus his/her attention and efforts to maximize the effectiveness of the PVNTMED program. Designed as a self-evaluation checklist, this TG familiarizes the ESO with his/her role in supporting PVNTMED.

The checklist is composed of questions developed from the experience of other ESOs. The items are considered required or good working practices. The checklist is not all inclusive and the ESO must refer to the references for more comprehensive information. Some subject areas will not be appropriate for each PVNTMED Sec/Det.

AREAS OF INTEREST

The checklist contained herein covers the following:

- Section 1: Equipment/Maintenance
- Section 2: Training
- Section 3: Deployment/Exercise Planning
- Section 4: Medical Threat
- Section 5: Food Sanitation Inspection/Training
- Section 6: Water Quality
- Section 7: Hearing Conservation
- Section 8: Entomology
- Section 9: Field Sanitation
- Section 10: Industrial Hygiene
- Section 11: Waste Disposal



THE CHECKLIST

SECTION 1: EQUIPMENT/MAINTENANCE

The ESO in a Division or serving as an Executive Officer in a detachment may not be a hand-receipt holder; however, he/she has supervisory responsibility for the equipment within the section. The ESO serving as the detachment commander will be a hand-receipt holder. In any situation the ESO must ensure the unit equipment is available, is properly accounted for, and is mission capable. The following questions address equipment accountability, maintenance and calibration.

1-1. Does the ESO --

- o have the unit Modified Table of Equipment (MTOE)? Yes No
- have the current hand receipt? Yes No

1-2. Does the PVNTMED Sec/Det--

- have a copy of a technical manual (TM), field manual (FM) or supply catalog (SC) for each end item on the hand receipt? Yes No
- have a Unit Assembly Listing (UAL) for each end item on the hand receipt? Yes No
- sub-hand receipt each end item down to the user level? Yes No
- have a quarterly "sets, kits and outfits" inventory scheduled? Yes No
- have a maintenance and inventory program? Yes No
- incorporate maintenance/serviceability checks into the training schedule? Yes No

1-3. Does the Sec/Det--

- have Material Safety Data Sheets (MSDSs) for all hazardous chemicals? . . Yes No
- have any chemicals exceeding the expiration date? Yes No
- have expired chemicals receiving a shelf-life extension? Yes No
- store hazardous materials compatibly (TM 38-410)? Yes No



1-4. Are all end items on hand or on order? Yes No

1-5. Are all components on hand or on order? Yes No

1-6. Are all shortages documented on a Shortage Annex and on file with the parent unit G-4 or S-4 and Property Book Officer? Yes No

1-7. Once deployed, does the PVNTMED Sec/Det identify its supporting quartermaster and maintenance units and establish accounts as required? Yes No

1-S. Does the Sec/Det:

- complete DA Form 2406 on each piece of equipment during their maintenance program? Yes No
- calibrate all required items by the test, measurement and diagnostic equipment (TMDE) unit? Yes No
- have 30-45 days of supplies on hand? Yes No

1-9. Are hand receipts updated semiannually? Yes No

1-10. If a hand-receipt holder is not available, such as for temporary duty (TDY) or leave of more than 30 days, is his/her equipment hand receipted to someone else? Yes No

1-11. If the Sec/Det has teams, are the teams responsible for the equipment? Yes No

NOTE: Specific questions should be addressed to the unit supply sergeant, Company Commander, Battalion/Group S-4, or the appropriate Property Book Officer.

COMMENTS:



SECTION 2: TRAINING

Training is vital in preparing soldiers to accomplish their mission. The ESO must understand how to plan training and what training to plan. The ESO must also ensure his/her soldiers are preparing for future promotion. The following questions address these areas.

2-1. Does the ESO--

- have a copy of *FM 25100, Training the Force*, and *FM 25101, Battle Focused Training*? Yes No
- have a copy of *FM S-250, Preventive Medicine Specialist*? Yes No
- have a copy of STP 21-24, *Soldiers Manual of Common Tasks*? Yes No
- attend unit training meetings? Yes No
- have a long- and short-range training schedule? Yes No
- have a copy of the Det's Mission Essential Task List? Yes No
- have a copy of the Sec Battle Tasks? Yes No
- have a copy of the current Quarterly Training brief format? Yes No
- provide input into the training schedule? Yes No
- include in the training schedule 91S training on equipment and procedures? Yes No
- include in the training schedule mechanic training on equipment and procedures? Yes No
- include CTT in the training schedule? Yes No
- conduct monthly and quarterly counseling of the noncommissioned officer in charge (NCOIC)? Yes No

2-2. Does the PVNTMED Sec/Det have a medical proficiency training program for the 91S and mechanics? Yes No

2-3. Does the NCOIC conduct monthly/quarterly counseling of all noncommissioned officers (NCOs)? , Yes No



2-4. Are soldiers enrolled in correspondence courses and/or continuing
education courses? Yes No

2-5. Does the Div ESO have a copy of the Division Long Range Training
Calendar? Yes No

COMMENTS:



SECTION 3: DEPLOYMENT/EXERCISE PLANNING

The ESO must ensure he/she addresses and plans for PVNTMED issues in the appropriate level Operations Orders. The ESO must be aggressive during training exercises to become involved in the planning process. Failure to do so may prevent the ESO from becoming involved during deployment planning. Once the ESO has been accepted as part of the planning process, the rest of the planning team will come to expect his/her input. The following questions address the planning process which should occur prior to deployment and upon arrival in theater.

- 3-1. Does the PVNTMED Sec/Det provide input into the Corps/Div/Bde/
Group/ASMB Operations order? Yes No
- 3-2. Do you know which command channels or technical channels to use in
receiving and providing information? Yes No
- 3-3. Are Medical Threat sections (see Section 4) included in the Corps/Div/
Bde/Group/ASMB Operations order? Yes No
- 3-4. Do the PVNTMED Sec/Det personnel participate in Command Post
Exercises? Yes No
- 3-5. Does the ESO use established PVNTMED teams during deployments and
exercises? Yes No
- 3-6. Have Div ESOs established communications with the Medical
Company Commanders that the PVNTMED teams may be attached to
during deployments and exercises? Yes No
- 3-7. Has the ESO established communications with units which the PVNTMED
teams are habitually aligned to support? Yes No
- 3-S. Prior to deploying or immediately upon arriving in theater, does the
ESO establish communications with PVNTMED staffs and Sec/Det within
your area of operation (AO)? Yes No
- 3-9. Once the ESO establishes communications with supporting and supported
PVNTMED staffs and Sec/Det, does he/she coordinate the following
information:
- Taskings and areas of responsibility? Yes No
 - Reporting procedures and requirements? Yes No



- Medical Threat information? Yes No
- Technical guidance? Yes No

3-10. Does the PVNTMED Sec/Det assist with Preparations for Overseas Movement (POM) operations? Yes No

3-11. Are the following publications on hand--

- @ AR 200-1, *Environmental Protection and Enhancement*? Yes No
- AR 40-5, *Preventive Medicine*? Yes No
- FM 8-10, *Health Service Support in a Theater of Operations*? Yes No
- FM 8-10-4, *Medical Platoon Leaders' Handbook*? Yes No
- FM 8-10-7, *Health Service Support in a Nuclear, Biological, and Chemical Environment*? Yes No
- FM S-10-24, *Area Support Medical Battalion*? Yes No
- FM 8-55, *Planning For Health Service Support*? Yes No

3-12. Does the ESO have and deploy with a:

- "Leader Handbook"? Yes No
- Book Set, Preventive Medicine Text I? Yes No

3-13. Do the PVNTMED Teams deploy with copies of the following:

- Appropriate Medical Threat brief? Yes No
- Deployment standard operating procedures (SOPs)? Yes No
- Div/Group/Bde/Corps Readiness SOP or tactical SOP? Yes No
- POM and Soldier Readiness Checks requirements? Yes No

3-14. Do all soldiers, who require Family Care Plans, have approved Family Care Plans? Yes No

3-15. Do all soldiers have a Power of Attorney? Yes No



3-16. Do all soldiers have a Will? Yes No

3-17. Do all soldiers have their required immunizations? Yes No

3-18. Does the PVNTMED Sec/Det have approved and tested loaded plans? . . Yes No

3-19. Has the PVNTMED Sec/Det identified all hazardous cargo and
coordinated with the unit movement officer for proper documentation? . Yes No

3-20. Has the PVNTMED Sec/Det provided courtesy Field Sanitation Team
inspections for deploying units? Yes No

NOTE: Specific questions should be brought to the attention of the unit
operations officer (S-3/G-3/J-3), intelligence officer (S-2/G-2/J-2) and commander.

COMMENTS:

**SECTION 4: MEDICAL THREAT**

A key element of PVNTMED is the prevention. The Medical Threat Program should ensure the ESO has the resources available to prepare and conduct a Medical Threat brief when called upon. However, the ESO should not wait until the deployment planning starts. The ESO should start now collecting information, preparing Medical Threat briefs for the areas where his/her unit will most likely be deployed. The following questions address the Medical Threat brief process.

4-1. Does the ESO know what the AO for his/her parent unit is? Yes No

4-2. Has the ESO identified potential countries which are not in his/her parent unit AO but where his/her parent unit may deploy? Yes No

4-3. Does the PVNTMED Sec/Det--

- have access to email and Video Teleconference Center? Yes No
- have access to the Armed Forces Medical Intelligence Center (AFMIC) Disease and Environmental Alert Reports (DEARs)? Yes No
- have access to the AFMIC Bulletin Board? Yes No
- have access to the Defense Pest Management Information Analysis Center (DPMIAC) Disease Vector Ecology Profiles? Yes No
- have Medical Threat briefs prepared for the AOs for his/her unit? Yes No
- conduct or ensure Medical Threat briefs are provided prior to deployments (training and mission oriented)? Yes No
- provide the Div, Bde, Group, or ASMB staff with a Medical Threat brief for inclusion in the Operations order? , Yes No
- have a list of Medical Threat countermeasures for input into the Medical Threat brief? , Yes No
- coordinate with the Medical Supply section for availability of required prophylaxis? Yes No
- conduct training or epidemiology interview procedures? Yes No



4-4. Does the ESO have a copy of the following:

- AR 600-110, *Identification, Surveillance, and Administration of Personnel Infected with Human Immunodeficiency Virus?* **Yes No**
- FM 8-33, *Control of Communicable Diseases in Man?* **Yes No**
- TB MED 507, *Occupational and Environmental Health: Prevention, Treatment and Control of Heat Injury?* **Yes** 20

4-5. Once deployed does the ESO:

- have a copy of the required medical reports for the deployment? **Yes No**
 - Do the medical reports request Disease and Non-Battle Injury (DNBI) information for use during epidemiology investigations? **Yes No**
 - Do 91S conduct epidemiology interviews to collect DNBI information? . . **Yes No**
- review medical reports for possible epidemiology information? **Yes No**
- provide epidemiology and medical threat updates to the parent unit staff and commander throughout a deployment (see Appendix B, Joint Medical Surveillance Form)? **Yes** 20

NOTE:

(1) Check with the Div/Bde/Group Surgeon and/or Div for the AFMIC and DPMIAC reports or profiles.

(2) AFMIC's and DEAR's phone number is DSN 343-7214/3839.

COMMENTS:



SECTION 5: FOOD SANITATION INSPECTION-G

While in garrison, the Installation Medical Authority, PVNTMED Section, and the Veterinary Section are required, by TB MED 530, *Occupational and Environmental Health: Food Service Sanitation*, and AR 40-5, *Preventive Medicine* to operate the Food Service Facility Inspection program. However the Field PVNTMED personnel may augment the Installation's program(s) if a Memorandum of Understanding (MOU) or Memorandum of Agreement (MOA) has been established with the Installation PVNTMED Section. The following questions address the Div/Det Food Service Sanitation Facility Inspection Program.

- 5-1.** Does an MOA or MOU with the Installation PVNTMED Section outline responsibilities for conducting food service facility inspections in garrison facilities? Yes No
- 5-2.** Has the ESO coordinated with the Installation ESO or Chief PVNTMED to ensure all food service facilities are inspected properly? Yes No
- 5-3.** Does the PVNTMED Sec/Det--
- have an SOP for food-service facility inspections? Yes No
 - use DA Form 5161 and DA Form 5162 (see Appendix) for food-service facility inspections? Yes No
 - conduct field-food service inspections? Yes No
 - conduct food-sanitation courses in accordance with TB MED 530? Yes No
- 5-4.** Have reporting procedures for garrison food-service facility inspections been coordinated with installation PVNTMED personnel? . . . Yes No
- 5-5.** During deployments or exercises, does the PVNTMED Sec/Det--
- coordinate with the appropriate quartermaster unit for locations of all class-one issue points [Troup Issue Supply Activity (TISA)]? Yes No
 - establish a list of all food-service facilities he/she is responsible for inspecting within his/her AO? Yes ☐
 - coordinate with the Veterinarian/Veterinarian Det to ensure all class-one supply points are inspected? Yes No



- coordinate with the contracting officer(s) for inspection of all contracted class-one supply points, (if not accomplished by Veterinarian Sec/Det)? . . Yes No

5-6. Does the PVNTMED Sec/Det inspect civilian food establishments frequented by U.S. service members while deployed? Yes No

5-7. Are the following publications on hand--

@ AR 40-657, *Veterinary/Medical Food Inspection and Laboratory Service*? . . Yes No

- TB MED 530, *Occupational and Environmental Health: Food Service Sanitation* (one per team/inspector)? Yes No

COMMENTS:



SECTION 6: WATER QUALITY

Water in a field environment is crucial to sustain the troops. Troops must have potable water to drink, cook, and use for personal hygiene. Without potable water, soldiers may contract a waterborne disease. The ESO's failure to ensure that shower, laundry and recycling points are operating properly may create unsanitary conditions which may decrease mission effectiveness. The following questions address field water quality. Some questions may not be appropriate for some training exercises or garrison operations.

CI. While in garrison, does the PVNTMED Sec/Det conduct semiannual water trailer and tanker inspections (TB MED 577, para 7-8)? Yes No

6-2. Does the PVNTMED Sec/Det--

- understand how to evaluate the use of lower quality water for emergency situations and advise the commander and command surgeon of alternatives (TB MED 577, para 3-3)? Yes No
- have an SOP for inspection of water points, water trailers, shower points, water recycling operations, and decontamination points? Yes No
- have copies of DA Form 5456-R, 5457-R and 5458-R (see Appendix)? . . . Yes No
- have an SOP for collecting water samples, custody of water samples, preparing Hydrosol or Coli-lert, and quality control to reduce false positives and negatives? Yes No

6-3. During deployments, does the PVNTMED Sec/Det--

- coordinate with the appropriate quartermaster unit for locations of all water supply points? (Coordinate with personnel in Water Supply Battalion/Group if in AO.) Yes No
- coordinate with engineer units for well drilling (if required)? Yes No
- coordinate with units for production capabilities? Yes No
- coordinate with engineers for possible water supply points? Yes No
- coordinate with the contracting officer(s) for inspection of all contracted ice factories (if not accomplished by Veterinarian Sec/Det)? Yes No



- coordinate with the appropriate medical staff for their area of responsibility? Yes No
- conduct field-shower point and personnel-decontamination station inspections in the field (TB MED 577, para 8-6)? Yes No
- conduct water-recycling inspections in a field setting (TB MED 577, para 9-6)? Yes No
- conduct water-point inspections in a field setting (TB MED 577, para 5-7)? Yes No
- assist in water-source reconnaissance and test raw-water sources to determine suitability for treatment by water purification units (TB MED 577, paras 4-5, 4-6, and 4-8)? Yes No
- test treated water to ensure water-quality standards are met (TB MED 577, para 5-13)? Yes No
- coordinate with Vet Det for bottled water plant inspections? Yes No

6-4. Are the following publications on hand--

- a AR 700-136, Land Based Water Resources Management in Contingency Operations?** **Yes No**
- **TB MED 575, Swimming Pools and Bathing Facilities,** (one per team or inspector)? **Yes No**
- **TB MED 576, Occupational and Environmental Health: Sanitary Control and Surveillance of Water Supplies at Fixed Installations,** (one per team or inspector)? **Yes No**
- **TB MED 577, Occupational and Environmental Health: Sanitary Control and Surveillance of Field Water Supplies,** (one per team or inspector)? . . . **Yes No**
- **TM 5-660, Maintenance and Operation of Water Supply, Treatment, and Distribution Systems?** **Yes**
- **TM 5-662, Swimming Pool Operations and Maintenance?** **Yes No**



- FM 10-52, *Water Supply in Theaters of Operation?* **Yes** ☒
- FM 10-52-1, *Water Supply Point Equipment and Operations?* **Yes** ☒

COMMENTS:



SECTION 7: HEARING CONSERVATION

The installation hearing-conservation program is operated by the installation Audiology Sec/Office. Since field units are not authorized an audiologist, the ESO must manage the unit hearing conservation program. A soldier's hearing is vital for the detection of the enemy, communication and daily existence of a soldier. Without good hearing, a soldier may not hear enemy movement or may not properly interpret a radio message. In 1993 nearly one out of every ten soldiers tested showed hearing loss. The following questions address the hearing conservation program.

7-1. Is there a local supplement to AR 40-5 delineating the responsibilities among command, medical, safety, supervisory and other applicable personnel for hearing conservation (DA PAM 40-501)? Yes No

7-2. Does the PVNTMED Sec/Det --

- conduct or coordinate hearing conservation training for supported units? . Yes No
- conduct compliance inspections for hearing conservation? Yes No
- address the following questions in a hearing conservation inspection:
 - Is the officer or NCO appointed on orders (AR 40-5, para 5-13)? Yes No
 - Are noise hazardous areas and equipment posted with appropriate signs or decals (AR 40-5, para 5-13)? Yes No
 - Is an adequate supply of preformed earplugs, in all three sizes of the triple-flange and all five sizes of the single-flange, available for incoming personnel or soldiers who do not have earplugs (AR 40-5, para 5-13)? Yes No
 - Have soldiers been fitted with preformed earplugs by medically-trained personnel (AR 40-5, para 5-13 and DA PAM 40-501, para 1-4g(2))? . . . Yes No
 - Are hand-formed earplugs (foam or silicone) available at noise-hazardous operations for visitors or individuals who forget their fitted earplugs (DA PAM 40-501)? Yes No
 - Are earplug carrying cases with earplugs worn on the battle dress uniforms (BDU) or load bearing equipment (LBE) if authorized by local commanders (AR 670-1 and DA PAM 40-501)? Yes No



-- Is the wearing of hearing protective devices enforced (AR 40-5, para 5-13)? Yes No

-- Do trained and currently certified personnel conduct audiometric evaluations on all soldiers working in noise-hazardous areas (AR 40-5, para 5-13)? Yes No

-- Are noise muffs and combat vehicle crewmens' helmets checked at least semi-annually for serviceable earcup seals (e.g., cracked or hardened seals) (DA PAM 40-501)? Yes No

-- Are combat vehicle crewmens' helmets fitted individually from the three available sizes (DA PAM 40-501)? Yes No

-- Do all combat vehicle crewman's helmets have chin straps (DA PAM 40-501)? Yes No

7-3. Has the PVNTMED Sec/Det properly calibrated their dosimetry equipment? Yes No

7-4. Is DA PAM 40-501, *Occupational and Environmental Health: Hearing Conservation*, on hand? Yes No

7-5. Are the required current publications on hand or on order? Yes No

• AR 40-5, *Preventive Medicine*? Yes No

• AR 385-10, *Amy Safety Program*? Yes No

• AR 385-40, *Accident Reporting and Records*? Yes No

• AR 385-63, *Policies and Procedures for Firing Ammunition for Training, Target Practice and Combat*? Yes No

• DA PAM 40-501, *Hearing Conservation*? Yes No

• *Safety Color Code Markings, Signs and Tags - Information Guide*? Yes No

NOTE: Coordinate with the installation audiologist, occupational health nurse, or PVNTMED officer and the unit surgeon for further guidance.

COMMENTS:



SECTION 8: ENTOMOLOGY

Each installation should have an Entomology section on the installation staff. However, this section does not deploy with the ESO's unit, and the unit may have the only entomology equipment and supplies available. The ESO may be required to answer questions about different types of rodents and arthropods and about how to reduce the health risk associated. The PVNTMED Sec/Det may be required to use pesticides. Personnel using pesticides must be certified and must understand the associated dangers. The following questions address entomology equipment, supplies and usage.

8-1. Does the PVNTMED Sec/Det--

- have the required MTOE arthropod/rodent control equipment on hand? . . Yes No
- have the required basic load for pesticide operations as required by applicable MTOE and the Common Table of Allowances (CTA)? Yes No
- use proper storage techniques for pesticides according to AR 40-5, AR 200-1 and AR 420-76? Yes No
- conduct rodent or arthropod-disease-prevention training? Yes No
- have the proper safety equipment (eyewash kits, spill control equipment, overpack containers) on hand? Yes No

8-2. Are personnel who apply pesticides--

- properly trained and certified? Yes No
- included in the following occupational health initiatives (AR 40-5, para 10-15):
 - medical surveillance? Yes No
 - health education? Yes No
 - respiratory protection? Yes No

8-3. Are Material Safety Data Sheets (MSDSs) available for all pesticides? . . . Yes No

8-4. Are respirators fit-tested and inspected regularly? Yes No

8-5. Are the correct respirator cartridges on hand? Yes No

8-6. Does the Sec/Det have an SOP for the proper use and storage of entomology field equipment and storage and for the application of pesticides? Yes No

8-7. Does the PVNTMED Sec/Det have the proper personal protective equipment (PPE) on hand? Yes No

8-8. Is the PPE serviceable? Yes No

8-9. Are 91S personnel trained on the proper use of all PPEs? Yes No

8-10. Are the following publications on hand:

- AR 40-574, *Aerial Dispersal of Pesticides?* Yes No
- AR 200-1, *Environmental Protection and Enhancement?* Yes No
- AR 420-76, *Pest Management?* Yes No
- TB MED 561, *Occupational and Environmental Health Pest Surveillance?*
- SB 3-40, *Pesticides?* Yes No
- TIM No. 14, *Personal Equipment for Pest Management Personnel?* Yes No
- TM S-632, *Military Entomology Operational Handbook?* Yes No

8-11. The following Technical Guides are available from the U.S. Army Center for Health Promotion and Preventive Medicine by calling DSN 584-4408.

- TG 114, *Guide for the Medical Surveillance of Pest Controllers.*
- TG 138, *Guide to Commensal Rodent Control.*
- TG 142, *Managing Health Hazards Associated with Bird and Bat Excrement.*

COMMENTS:



SECTION 9: FIELD SANITATION

The field sanitation team (FST) within each company is an extension of the PVNTMED Sec/Det. The PVNTMED Sec/Det cannot cover all sanitation issues within a theater of operations. The PVNTMED Sec/Det must ensure company FSTs are trained and used within the units. The following questions address FST training and compliance inspections.

9-1. Are supported units aware of the requirements for an FST per company/battery/Det? Yes No

9-2. Does the supported unit operations plan/order:

- address the requirement for an FST? Yes No
- address the requirement for field sanitation supplies and equipment? Yes No

9-3. Does the PVNTMED Sec/Det--

- conduct FST training for supported units? Yes No
- maintain a list of qualified FST trained personnel per unit? Yes No
- conduct field inspections of company-level FST? Yes No
- have a compliance inspection checklist to conduct FST inspections in field operations? Yes No
- have a compliance inspection checklist to conduct FST inspections in garrison operations? Yes No
- address the following questions in compliance inspections:
 - Are organic medical personnel (91B) used as field sanitation team members when available (AR 40-5, para 14-3)? Yes No
 - Is the FST certified and on orders (AR 40-5, para 14-3)? Yes No
 - Is a minimum of one NCO and one enlisted soldier on the team (AR 40-5, para 14-3)? Yes No
 - Is the field sanitation SOP on hand (AR 40-5, para 14-3)? Yes No



- Does the unit have a cold weather injury prevention SOP (AR 40-5, Appendix B-3)? Yes No
- Does the unit have a hot weather injury prevention SOP (AR 40-5, Appendix B-2)? Yes No
- Is unit-level training conducted and documented (AR 40-5, para 14-3)? . Yes No
- Does the FST understand its garrison and field mission (AR 40-5, para 14-3 and FM 21-10-1)? Yes No
- Are the required publications on hand (AR 40-5, FM 21-10, and FM 21-10-1)? Yes No
- Are the required field sanitation supplies and equipment on hand or on order (AR 40-5, Table 14-1 and Appendix Z-1)? Yes No
- Are the supplies and equipment stored properly (AR 40-5, para 14-3)? . Yes No
- Are the supplies maintained in operating condition, with no deterioration, and no expiration (AR 40-5, para 14-3)? Yes No

9-4. Are the following publications on hand--

- m* FM 21-10, *Field Hygiene and Sanitation*? Yes No
- FM 21-10-1, *Unit Field Sanitation Team*? Yes No

COMMENTS:



SECTION 10: INDUSTRIAL HYGIENE

Industrial hygiene is concerned with recognizing, evaluating, and controlling occupational health hazards in both a garrison and a field setting. The ESO is responsible for managing the industrial hygiene concerns of the unit with guidance from the installation industrial hygiene (H-I) office. The following questions address the IH program.

10-1. Does the PVNTMED Sec/Det:

- conduct training on the H-I set? Yes No
- assist the installation IH section with surveys to recognize potential hazards within the units they support? Yes No
- ensure supported units are aware of hazardous communication (HAZCOM) requirements? Yes No

10-2. Have unit personnel received the proper HAZCOM training? Yes No

10-3. Does the unit practice pollution prevention techniques by:

- eliminating toxic materials? Yes No
- substituting less toxic materials? Yes No
- changing operational processes? Yes No

10-4. Are MSDSs available for all hazardous chemicals? Yes No

10-5. Is appropriate PPE available (gloves, goggles/safety glasses, face shields, respirators)? Yes No

10-6. Are personnel trained on the proper use of PPE? Yes No

10-7. Are the following publications on hand--

- a TB MED 503, *Occupational and Environmental Health: The Army Industrial Hygiene Program*?, Yes No
- AR 385-10, *Army Safety Program*? Yes No
- AR 40-5, *Preventive Medicine*? Yes No



- AR 11-34, *The Army Respiratory Protection Program?* Yes No
- American Conference of Governmental Industrial Hygienists (ACGIH)
Threshold Limit Values Booklet? Yes No

NOTE: Coordinate with the installation Industrial Hygiene Office for further guidance.

COMMENTS:



SECTION 11: WASTE DISPOSAL

11-1. (Hazardous Waste) Does the PVNTMED Sec/Det:

- coordinate with the garrison staff for hazardous material spill procedures? Yes No
- ensure the hazardous material spill procedures are distributed throughout all supported units? Yes No
- identify units which create and store hazardous material? Yes No
- inspect units with hazardous material during field operations? Yes No
- coordinate with the Medical Department Activity (MEDDAC) PVNTMED to identify areas of responsibility for hazardous material operations while in garrison? Yes No
- turn in excess, used or unserviceable hazardous materials according to local regulations (AR 200-1)? Yes No

11-2. (Field Waste) Does the PVNTMED Sec/Det:

- coordinate with local authorities to identify proper waste disposal operations during field exercises? Yes No
- inspect supported units for proper field waste disposal methods during field operations for the following:
 - food service? Yes No
 - reverse osmosis water purification unit (ROWPU) operations? Yes No
 - medical treatment stations? Yes No
 - maintenance operations? Yes No
 - latrine facilities? Yes No
 - field shower points? Yes No
 - laundry points? Yes No
 - general garbage disposal? Yes No



-- pest control operations? Yes No

- inspect the field sanitation teams to ensure they have an adequate supply of materials to conduct field waste disposal operations while in the field?. . Yes No

11-3. (Medical Waste) Does the PVNTMED Sec/Det:

- ensure supported units segregate regulated medical waste according to HSC Regulation 40-35? Yes No
- have an SOP for regulated medical waste disposal? Yes No
- ensure supported units have an SOP for regulated medical waste disposal? Yes No
- coordinate with the Division Medical Supply Office (DMSO) and/or installation PVNTMED to evaluate and validate methods of destruction codes (MODC) of excess, used, or unserviceable medical material to assure they are applicable with federal, state, and local regulations? Yes No
- coordinate with the DMSO or medical logistics battalion to ensure an adequate supply of medical regulated waste containers are available for training operations, POM operations and deployment operations? . . . Yes No

X1-4. Do units practice proper field waste disposal operations (i.e., hazardous waste, regulated medical waste, human waste and solid waste) during field training exercises? Yes No

11-5. Are the following publications on hand:

- AR 40-61, *Medical Logistics Policies and Procedures*? Yes No
- TM 38-410, *Storage and Handling of Hazardous Material*? Yes No
- AR 200-1, *Environmental Protection and Enhancement*? Yes No

COMMENTS:



APPENDIX A

References

AR 11-34	The Army Respiratory Protection Program	
AR 40-5	Preventive Medicine	15 Oct 90
AR 40-61	Medical Logistics Policies and Procedures	30 Apr 86
AR 40-657	Veterinary/Medical Food Inspection and Laboratory Service	19 May 88
AR 40-574	Aerial Dispersal of Pesticides	26 Apr 76
AR 200-1	Environmental Protection and Enhancement	23 Apr 90
AR 385-10	Army Safety Program	23 May 88
AR 385-40	Accident Reporting and Records	1 Apr 87
AR 385-63	Policies and Procedures for Firing Ammunition for Training, Target Practice and Combat	15 Oct 83
AR 420-76	Pest Management	3 Jun 86
AR 600-110	Identification, Surveillance, and Administration of Personnel Infected with Human Immunodeficiency Virus	11 Mar 88
AR 670-1	Wear and Appearance of Army Uniforms and Insignia	1 Oct 92
AR 700-136	Land Based Water Resources Management in Contingency Operations	1 Oct 84
DA PAM 40-501	Hearing Conservation	
TB MED 503	Occupational and Environmental Health: The Army Industrial Hygiene Program	
TB MED 507	Occupational and Environmental Health Prevention, Treatment and Control of Heat Injury	Jul 80
TB MED 530	Occupational and Environmental Health Food Service Sanitation	Nov 91



TB MED 561	Occupational and Environmental Health Pest Surveillance	
TB MED 575	Occupational and Environmental Health Swimming Pools and Bathing Facilities	2 Ju193
TB MED 576	Occupational and Environmental Health Sanitary Control and Surveillance of Water Supplies at Fixed Installations	Mar 82
TB MED 577	Occupational and Environmental Health Sanitary Control and Surveillance of Field Water Supplies	Mar 86
FORSCOM Reg 700-2	Logistic FORSCOM Standing Logistics Instructions	
HSC Reg 40-35	Medical Services - Management of Regulated Medical Waste (RMW)	27 Dec 93
USAEHA TG 114	Guide for the Medical Surveillance of Pest Controllers	Mar 76
USAEHA TG 138	Guide to Commensal Rodent Control	Dec 91
USAEHA TG 142	Managing Health Hazards Associated with Bird and Bat Excrement	Dec 92
FM 8-10	Health Service Support in a Theater of Operations	1 Mar 91
FM 8-10-4	Medical Platoon Leaders' Handbook - Tactics Techniques and Procedures	16 Nov 90
FM 8-10-7	Health Service Support in a Nuclear, Biological, and Chemical Environment	22 Apr 93
J?M8-10-24	Area Support Medical Battalion	
FM 8-33	Control of Communicable Diseases in Man	31 May 91
FM 8-55	Planning for Health Service Support	9 Sep 94
FM 8-250	Preventive Medicine Specialist	27 Jan 86
FM 10-52	Water Supply in Theaters of Operations	11 Jul 90
FM 10-52-1	Water Supply Point Equipment and Operations	



FM 21-10	Field Hygiene and Sanitation	22 Nov 88
FM 21-10-1	Unit Field Sanitation Team	11 Oct 89
FM 25-100	Training the Force	15 Nov 88
FM 25-101	Battle Focused Training	
SB 3-40	Pesticides	20 May 87
STP 21-24	Soldiers Manual of Common Tasks	Oct 92
TIM No. 14	Personal Equipment for Pest Management Personnel	
TM 5-632	Military Entomology Operational Handbook	
TM 5-660	Maintenance and Operation of Water Supply, Treatment, and Distribution Systems	
TM 5-662	Swimming Pool Operations and Maintenance	
TM 38-410	Storage and Handling of Hazardous Material	

American Conference of Governmental Industrial Hygienists (ACGIH) Threshold Limit Values for Chemical Substances and Physical Agents and Biological Exposure Indices Booklet, published annually.

Safety Color Code Markings, Signs and Tags - Information Guide

Forms

DA Form 5161	Comprehensive Food Service Inspection
DA Form 5162	Routine Food Service Inspection
DA Form 5456-R	Water Point Inspection
DA Form 5457-R	Potable Water Container Inspection
DA Form 5458-R	Shower/Decontamination Point Inspection



APPENDIX B
JOINT MEDICAL SURVEILLANCE FORM
(CLASSIFICATION)
WEEKLY MEDICAL SURVEILLANCE REPORT

1. TO: _____ DTG SUBMITTED: _____

OPERATION/EXERCISE _____

2. FROM (COMPONENT/UNIT/SECTION): _____

a. REPORTING PERIOD (DTG TO DTG): _____

b. AVERAGE STRENGTH DURING REPORTING PERIOD: _____

3. GENERAL DIAGNOSTIC CATEGORIES # NEW CASES

a. **HEAT/COLD INJURIES (H/C).** Heat stroke, heat cramps, heat exhaustion, dehydration, sunburn, frostbite, chilblain, hypothermia. _____

b. **GASTRO-INTESTINAL ILLNESSES (G-I).** Diarrhea, gastroenteritis, dysentery, gastritis, food poisoning, constipation, intestinal parasites. _____

c. **RESPIRATORY ILLNESSES (RES).** Upper respiratory infections, colds, bronchitis, asthma, pneumonia, pharyngitis, otitis, sinusitis. _____

d. **DERMATOLOGICAL ILLNESSES (DER).** Viral rashes or lesions, cellulitis, fungal or bacterial infections, contact dermatitis, dermatitis caused by insect bites, skin ulcers and eschars. _____

e. **OPHTHALMIC ILLNESSES/INJURIES (EYE).** Conjunctivitis, eye infections or irritations, corneal abrasions, foreign bodies, solar injury, laser injury, trauma not associated with trauma reported under orthopedic/surgical injuries, paragraph 3g. _____

f. **PSYCHIATRIC ILLNESSES (PSY).** Depression, situational reactions, anxiety, neuroses, psychotic reactions, suicide attempts, behavioral reaction to medication or substance abuse. _____

g. **ORTHOPEDIC/SURGICAL INJURIES (INJ).** Fractures, sprains, lacerations, abrasions, internal injuries, burns and thermal injuries (not sunburn), non-envenomating animal bites (usually mammal or reptile), other trauma; includes battle, non-battle, occupational, recreational incidents. _____



h. **MEDICAL ILLNESSES (MED).** Cardiac-related problems such as _____
 chest pain, hypertension; neurological problems such as headaches,
 convulsions, syncopal episodes; allergic reactions, including systemic reactions
 to venomous bites/stings; hepatitis; urogenital illnesses not associated with
 sexually transmitted disease; internal conditions not related to trauma (e.g.,
 appendicitis).

i. **SUBSTANCE ABUSE (ABU).** Abuse of alcohol, illegal drugs including _____
 marijuana, pharmaceuticals (prescribed or unprescribed), or other substances.

j. **DENTAL (DEN).** Dental injury, disease, or condition requiring care _____
 by a dentist.

k. **FEVERS OF UNDETERMINED ORIGIN (FUO).** Fevers not apparently _____
 associated with diagnosed illness or injury.

l. **SEXUALLY TRANSMITTED DISEASES (STD).** Gonorrhea, syphilis, _____
 chlamydia, genital herpes, pelvic inflammatory disease, venereal
 warts/chancres.

4. SPECIAL DIAGNOSTIC CATEGORIES.

NEW CASES

Diseases, injuries, or medical conditions of special interest within the command or as
 directed by higher authority (e.g., malaria, barotrauma), including subcategories
 already reported under a General Diagnostic Category (e.g., the number of
 orthopedic/surgical injuries that were sports-related).

a. _____

b. _____

(continue as necessary, subparagraph c., d., etc.)

5. COMMENTS/REMARKS. Clarify or explain specific entries in paragraphs 3
 and/or 4 as needed. Reference applicable paragraph/subparagraph.

SIGNED



INSTRUCTIONS FOR COMPLETING AND SUBMITTING THE WEEKLY MEDICAL SURVEILLANCE REPORT

1. This report applies to service components participating in all joint exercises and operations, including those conducted by Joint Task Force and Sub-Unified Command organizations.
2. A timely, comprehensive medical surveillance program can inform commanders of the health of their commands and identify trends that can be attacked before significant casualties occur. Component surgeons will report disease and injury incidence in the enclosed format. Reports will be sent weekly to the responsible Unified Command Surgeon, and are due within five days after the end of reporting week. Within components, data should be collected from the levels where initial diagnosis is made, to ensure that reports include cases involving loss of duty time without hospitalization. The basis for this report is INITIAL DIAGNOSIS OF NEW CASES, not initial complaint, hospital admission, or follow-up visits.
3. For Army and debarked Marine/Navy components, the primary level for data collection should be the Battalion Aid Station or equivalent; for the Air Force component, the primary level should be the Air Transportable Clinic (ATC), if present, or the Squadron Medial Element if an ATC is not present. For the shipboard Navy and embarked Marines, the primary level should be Sick Bay. Components are encouraged to implement this reporting format at the levels where data are collected, and to automate the format within existing data processing systems.
4. This is not a hospital admission/disposition report. At medical treatment facilities with inpatient and/or holding capabilities, only two types of cases should appear in this report: those INITIALLY DIAGNOSED at "sick call" or equivalent held for the facility staff, collocated units, and walk-ins; and, emergency cases that bypassed lower reporting levels during evacuation.
5. In facilities where patients from other services are seen for initial diagnosis, report cases by service in separate reports or in a single consolidated report, per the component Command Surgeon's guidance. Where applicable, list other service AVERAGE STRENGTH as "unknown", and briefly explain in paragraph 5. Component surgeons must ensure that other-service data are transmitted to the appropriate surgeons of other components.
6. To simplify reporting, battle and non-battle injuries should be reported in appropriate General Diagnostic Categories, but listed by type in paragraph 5, COMMENTS/ REMARKS. "Battle injuries" are those caused during hostile actions directly by munitions or other weapons (e.g., bullet or shrapnel wounds), or by their proximal effects (e.g., burns from battlefield explosions, lacerations from flying debris). All others are reported as non-battle injuries, including those occurring on the battlefield but not associated with munitions, weapons, or direct hostile action (e.g., injuries from a vehicle accident not caused by enemy action).
7. Since this report reflects medical effects, it is important from a preventive medicine standpoint to identify in paragraph 5, any unusual or recurring causes of these effects.



GLOSSARY

Abbreviations

ACGIH	American Conference of Governmental Industrial Hygienists
AFMIC	Armed Forces Medical Intelligence Center
AO	Area of Operations
ASMB	Area Support Medical Battalion
Bde	Brigade
BDU	Battle Dress Uniform
CTA	Common Table of Allowances
CTT	Common Task Training
DEARs	Disease Environmental Alert Report
Det	Detachment
Div	Division
DMSO	Division Medical Supply Office
DNBI	Disease and Non-Battle Injury
DPMIAC	Defense Pest Management Information Analysis Center
ESO	Environmental Science Officer
FM	Field Manual
FST	Field Sanitation Team
HAZCOM	Hazardous Communication
IH	Industrial Hygiene
LBE	Load Bearing Equipment
MEDDAC	Medical Department Activity
MOA	Memorandum of Agreement
MODC	Methods of Destruction Codes
MOU	Memorandum of Understanding
MSDSs	Material Safety Data Sheets
MTOE	Modified Table of Equipment
NCO	Noncommissioned Officer
NCOIC	Noncommissioned Officer in Charge
POM	Reparation for Overseas Movement
PPE	Personal Protective Equipment
PVNTMED	Preventive Medicine
ROWPU	Reverse Osmosis Water Purification Unit
SC	Supply Catalog
Sec	Section
SOP	Standard Operating Procedures
TDY	Temporary Duty
TG	Technical Guide
TISA	Troup Issue Supply Activity
TM	Technical Manual
TMDE	Test, Measurement and Diagnostic Equipment
TO&E	Table of Organizations and Equipment
UAL	Unit Assembly Listing

